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ABSTRACT

A handbook for supervisors of students training as physician assistants is presented, based in part on workshops and interviews conducted at Northeastern University (Massachusetts). Topics include: the role and attributes of the supervisor, needs of adult learners and adult learning styles, beginning the supervisory process, use of skills in ongoing supervision, special problem areas for supervisors, and evaluation and grading. Qualities students want in a supervisor include: being supportive and friendly, listening actively, and possessing professional knowledge and good judgment. The supervisory process begins with getting acquainted, providing orientation materials, a guided tour, working out the learning contract, and scheduling meeting times. Skills in ongoing supervision include: demonstration and observation, teaching through feedback, using negative feedback (assertion and confrontation), and group supervision. Special problem areas for supervisors may involve student stress, the unassertive student, and dealing with difficult students. Concerns in evaluation/grading include objectivity vs. subjectivity, preparing for the final evaluation, performance assessment, and measuring change and growth. Two sample learning contracts are provided, along with a form for providing feedback to supervisors, and a student evaluation form. (SW)

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SUPERVISORY SKILLS AND CHALLENGES: A HANDBOOK FOR PHYSICIAN ASSISTANTS

by

Virginia B. Glennon

and

Suzanne B. Greenberg

Physician Assistant Program
Northeastern University
1986

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ABOUT THE AUTHORS

Virginia B. Glennon, M.Ed., is a psychologist with a private practice in psychotherapy. She also does consulting and training in the fields of supervision, human relations and counseling. She pioneered in Women's Continuing Education at Northeastern University in the sixties.

Suzanne B. Greenberg, M.S., has been the Director of the Physician Assistant Program at Northeastern University since its inception in 1971. Her career reflects a life-long interest in "new careers" in the health field, and the development of new teaching and training materials to accompany them. At Northeastern University, she maintains a close connection with each aspect of the Physician Assistant Program, making regular visits to students and supervisors, teaching, and overseeing the curriculum.

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INTRODUCTION

Physician Assistant programs originated less than 20 years ago in response to needs of the medical and patient community. Northeastern University, which has a long history of responding to the educational and training needs in the community in a practical and down-to-earth manner, developed and offered one of the early programs. In Physician Assistant programs, well-qualified students who are interested in providing health care to patients undertake a course, generally two years, of academic and clinical work taught primarily by medical staff. After successful completion, the graduate is qualified to assist in a wide variety of patient-related activities and to work directly with patients under the supervision of a physician.

In the early years of the program, the supervision of students was primarily the responsibility of teaching physicians. But as the number of graduate physician assistants increased, it became apparent that they also could function as supervisors of physician assistant students. Our experience in the program, however, taught us that the art of clinical supervision is by no means instinctive. We discussed common concerns with many of the early PA supervisors in Boston, who were most often our own graduates. We all agreed that enthusiasm, medical expertise, and good intentions are not enough: that to supervise well and with ease one needs training, consultation, and experience.

In response to these needs, the physician assistant program at Northeastern has over the past few years held a series of workshops for supervisors of our students. We now offer this handbook as an additional aid. The handbook draws on materials from our workshops, review of the literature, and other relevant professional experience. Preparation has also included interviews with physician assistants who serve as supervisors in the Northeastern program. Forty-three supervisors and twenty-five recent graduates were invited to contribute their opinions about, and experiences with, supervision by means of a lengthy questionnaire. We are grateful to all these people for the generous sharing of their time and thought. We feel particularly fortunate that the Bureau of Health Professions of the U.S. Department of Health and Human Services shared our conviction about the need for this type of material and was willing to award a grant to finance the writing and first printing of the handbook.

As the handbook has taken shape, covering the range of skills, activities, and attributes required of a physician assistant supervisor in a four-to-six week rotation, we see that many of the topics are also common to supervisors in other medical specialties, and in nonmedical settings. One major premise - being sensitive and responding to needs - is common to all settings. We hope you will find this handbook practical and useful. We welcome your comments for future revisions.

Chapter I

ROLE OF THE SUPERVISOR

One of our excellent supervisors describes himself as architect, engineer, designer, teacher, coordinator, professor, and arranger of the student's learning experience. Other supervisors included the functions of counselor, tutor, mentor, guide, advocate, mediator, host, authority figure.

When we asked our students what they felt the role of a supervisor was, one said, "to allow each student to reach the highest level of knowledge he is capable of attaining." Another said, "to help the student learn and work to the best of his/her ability through availability, approachability, clarity of purpose, mutual problem solving." Another student said simply, "a supervisor is a resource person, a role model, and a confidant."

The supervisors' and students' descriptions are quite different: students feel that supervision should help them learn to the best of their ability; supervisors see the complexities behind this simple need. Furthermore, they must be aware of the needs and requirements of the site or institution.

There are three major kinds of supervision: educational, supportive, and administrative. In this handbook, our emphasis will be on <u>educational supervision.</u> While the supervisor in the medical-clinical context plays many roles, they are all in the service of teaching or education. To the extent that the supervisor administers a student's schedule, it is to design a useful learning experience. To the extent that the supervisor engages in personal counseling, it is to provide the student sufficient support and safety to insure good learning.

As Alfred Kadushin reminds us in his book entitled <u>Supervision in Social Work,</u> the responsibilities in educational supervision are to

> teach the student what he needs to know about doing his job, and help him learn it;
>
> focus on each individual student sufficiently to take into account his particular needs, strengths, and weaknesses;
>
> help the student apply his formal education and make the transition from knowing to doing, from the classroom to the clinic, from working with a model to working with a patient.

We hope that the topics in this handbook will provide concrete ways to assist and support you in your supervisory role.

Chapter II

ATTRIBUTES OF THE SUPERVISOR

Qualities Students Want in a Supervisor

We asked our recent graduates what qualities they most wanted in a supervisor. It was an open-ended question, and their answers were remarkably similar!

They wanted their supervisors to:

have realistic expectations that considered their level of training;

have patience;

be supportive, friendly and warm;

have time that they are willing to give to the student;

provide positive feedback;

reinforce new concepts and learnings;

ask questions to make the students think;

want to teach, enjoy teaching, be knowledgeable about the field;

be approachable.

In this and the following chapters we shall discuss these qualities as well as other aspects of supervision from the supervisor's point of view.

Realistic Expectations

One supervisor we know prides herself, and rightfully so, on what she calls "realistically low" expectations. In Women's Health Care, she simply wants her students to be able to perform a "gentle and nonthreatening" pelvic examination.

"Realistically low" is an interesting concept, since it is so rarely stated explicitly. It is worth keeping in mind, especially in view of forces that can create unrealistically high expectations. For example, competitive feelings between members of the new physician assistant discipline and the longer established fields occasionally translate into unrealistic demands being made on the student. Another force can come from the supervisor's background. For example, if one's former teachers were excessively and unrealistically demanding, he/she might imitate this style of supervision. It is important to be aware of these possible influences and make an effort not to perpetuate them. The goal is to provide support for learning while reducing the stresses and pressures as much as possible.

Realistic expectations of a student combine the need of the profession and specialty with the uniqueness of a particular student. Assessing what each student has to give is very important and can be one of the most delicate and demanding tasks for the supervisor. Some of us must fight the desire to have a clone, and must struggle to see clearly the very particular strengths and shortcomings of the student in front of us. Only when we can see the other person clearly can we develop expectations that are realistic for that individual, even as they dovetail with the demands of the discipline.

Patience

Most supervisors cherish the opportunity to teach and supervise. They like students, they like to teach, and they like to impact the profession in this way. However, in medicine, supervision does not replace other duties but is an additional responsibility. PA supervisors do not see fewer patients because they supervise, and only rarely receive recompense for the added hours and responsibility. Therefore, there will be days when the extra time and energy required for student supervision will feel burdensome: you will not have patience.

Since the student might be sensitive to this if it happens unexpectedly, and since students generally are concerned about their dependent role and about the possibility that the supervisor will not have sufficient patience, we recommend that the issue be acknowledged and allowed for in advance. Simply stated:

1. It is important for you to accept your own occasional feelings of impatience or burden.

2. Once you accept these feelings in yourself it will be easier to acknowledge to the student that there will be days during which you will not be available.

3. You can develop a back-up plan or substitute supervisor for the student for days when you are not available.

Empathy, Active Listening, Silence

During certain kinds of meetings with your student, you will need to draw on your abilities to empathize, to listen actively, and your ability to tolerate, or understand the usefulness of, silence. You use these attributes at one time or another with your family, friends, and patients. Students also need this kind of sensitivity.

To empathize means 'to participate in the thoughts and feelings of another with respect,' and to find a way to let the other know you understand what he says, means and feels. This is one of the major ways that rapport and understanding develop between people and is necessary so the student comes to trust you sufficiently to share his concerns. Generally one needs to be comfortable with one's own feelings in order to feel comfortable tuning in on those of another.

In the words of one of our supervisors who works at a major Boston teaching hospital, "I try to teach - or convey to - my students that empathy can be fun!" By this he means you do not seek to avoid serious or emotional issues by changing the subject. Empathy is the avenue toward one of the most meaningful exchanges between two people.

For some supervisors, it may be necessary to pause and not respond immediately as you search for the best language with which to convey your understanding.

Active listening is the precursor to empathy. You have to be paying attention, close attention, attention that is active, that takes energy and concentration. For some, this is automatic; for others it becomes easier with practice and repetition, like learning any new skill. It is the same skill that you probably apply as you talk with patients so that you can understand them and so that they will feel understood and thereby reassured. Students in the stress of their learning challenge require the same kind of focus. They need to know that their feelings are acceptable within the professional-medical setting, so that they can feel comfortable with them and then at ease with the feelings of their patients.

Most of us assume we listen, even listen actively. But for many this is not true. Active listening means that all of your attention is on the other person, the student, not on what you are going to say next, or what you think about what he is saying. After he has finished, you may then compose your thoughts and words to state best what needs to be conveyed depending on your purpose: to empathize, to comfort, to facilitate, to teach, to build trust, to give feedback, to reinforce, whatever. But without active listening, it is difficult to have choices for your response, and to modify your response for different people, different needs, and your own varying intentions.

Silence is a stumbling block for many people. Yet it is a necessary element in good conversation, good interaction, and a good teaching-learning conference. Some people regard silence as a void and reproach themselves for not knowing how to fill the void. Commonly, people feel discomfort and a need to stop the loudness of the silence.

If you have been actively listening, the silence will not be so loud. In your tuned-in empathic state, you will still hear the other person's expression even though he has stopped speaking. Or perhaps you can hear your own. Remember, a pause can be the stopped moment within which to search for what you need to say, not a void to be filled. It is all right to be awkward, to search for the right words, not to have facility every moment.

Professional Knowledge and Judgment

Students can sometimes make supervisors question their own ability and competence. Try to remember that you are in this position - a qualified professional and a supervisor - because of your training, your ability, and the judgment of your peers. You do know more than your student, even if you don't have all the answers. Some answers no one has, and some answers you will find after the student has asked the difficult question - because you, or you and the student, can seek out the answer.

Your professional knowledge and judgment pertain to what you do know, what you can figure out based on your many resources, and finding a constructive way to deal with what you have acknowledged you do not know. It is not constructive to fault yourself for not knowing, and it is not useful to either you or your student to expect yourself to know more than you do at a given time.

Role Modeling

We asked one supervisor how he had learned and he said, "by bitter experience and by example." Another looked back on the most important influences on his life's learnings and realized that they were people, people whom he "admired and wanted to be like." Neither respondent said of his role models that they gave him excellent feedback, or were patient, or that they had realistic expectations of him. No, they were people who were admired and then imitated. These "teachers" had impact not necessarily by what they did with the student, but by who they were as persons and as professionals.

Sometimes what is taught or learned is not what has been specifically designed as curriculum. The teacher/role model teaches by being, or while doing something he or she is intent on, unaware of being observed and providing an example.

What is most often transmitted by these means are the intangibles - spirit, values, attitudes, beliefs - and qualities of caring, concern, thoughtfulness: the heart of the professional, rather than the head and hands.

Chapter III

NEEDS OF ADULT LEARNERS

Adult Learning Style

Adults who choose to become students generally elect learning for a particular purpose: to satisfy or address a life situation, problem, or goal which they are presently encountering and choose to master. Unlike children, they have many years of personal experience and are by definition independent and autonomous. This means that the teaching method should allow for maximum participation by the student, and the teacher-student relationship should be more equal and mutual than is generally the case with children.

Adult students can be threatened by the loss of autonomy and mastery they experience as they become students again. Supervisors should be alert to possible feelings of resentment or humiliation that can result. As adults, they need to be given an opportunity to bring their life experience (already accrued knowledge) to the current learning challenge. These students frequently have given up something to pursue the larger goal attainable by returning to school. The sacrifice creates a strong desire to feel accomplishment and an impatience to learn, practice, and apply.

New learning and understanding change a person. An adult, occasionally, will feel threatened by such change, feeling that his old identity is slipping. The student will need a great deal of support from the supervisor to go through such a period.

"Shop talk" and discussions after presentations help colleagues continue to learn and grow. This important method of "adult learning" must be replicated for adult students.

Happily, the rotation experience is very compatible with the learning style of adults. It is comprised of exactly the type of experiential learning opportunities on which adult learners thrive: problem-centered, hands-on experiences; small group discussions; short lectures, laboratories, and demonstrations with discussion and analysis; and a teacher/supervisor to whom the student can turn for support, affirmation, clarification, information, understanding, and feedback.

Within the rotation, the student has a very real and immediate need to know, and the opportunity for significant involvement with many aspects of his being. With a supportive teacher/supervisor, the rotation has the characteristics of being an ideal teaching-learning method.

Developing Your Own Teaching Style

As a supervisor responsible for orchestrating many facets of your student's learning experience, a variety of abilities are called into service. Here we want to talk about your teaching style: how to recognize it, how to develop it.

The conventional ways to develop one's teaching style are bitter experience, trial and errror, and practice. That can take years, unless you are a natural.

We would like to help you be a natural, or rather, to not loose your naturalness. The first step to developing your own teaching style is continuing to be yourself and then, to the extent that it feels right, building on who you are.

In other words, it is important not to set your natural characteristics aside in order to assume a "role," the role of a teacher. If your natural style is to be humorous, retain and use your humor. If it is to be personal, don't try to be detached. If it is to be disorganized, find a way of working with that fact rather than superimposing a persona who, because it is not the real you, has the potential of further confusing things and causing you added stress.

An exercise you might try is to imagine yourself at your best, and then visualize yourself teaching in that situation. See if there are any skills you need to augment that teacher, or any attitudes or posturing you can drop to allow yourself to be more natural.

If you had a wonderful teacher or mentor some place along the way, what was so wonderful about him/her and are those qualities compatible with your own style? If they are, feel free to use them.

There have been many studies conducted on what makes for good teaching and their results come down to four simple qualities: warmth, enthusiasm, ability to organize material simply and interestingly, and the ability to guide the student's own discovery indirectly, by not providing all the rules or answers.

As you become more sure of yourself as a person who teaches rather than a teacher who is also a person, it is relatively easy to add skills or try out new methodologies as the need arises.

Ideally, once you are comfortable with yourself as person/teacher, you are free to turn your attention to your student and more open to assess accurately the student's needs and how to meet them.

You may acquire additional information about teaching from two sources: your colleagues and your students. We urge you to discuss with your colleagues the entire matter of teaching - things they have found helpful, things they have had difficulty with - and to exchange experiences and notes with them. And we also encourage you to obtain feedback from your students on what you do that they do or do not find useful and effective.

It is important for new teachers to know what experienced teachers have learned: <u>that you do not need to have all the answers.</u> At the beginning, many teachers feel they should; later on they know that they never will. Also, it is very important <u>not</u> to provide answers routinely: if it is possible to guide the student's thinking to find his own answer, much is gained as the student will more rapidly develop confidence in his own abilities to search and discover.

As a teacher of adults, the concepts of <u>less</u> and <u>different</u> can be kept in mind. To the extent that hierarchy is based on age, there will be less of it. Since adults experience themselves as more equal, there is less expectation that you have all the answers. Since adults tend to be more self-motivating, you will have less need to initiate, prepare, plan, or goad. On the other hand, different behaviors replace those that are less needed. As a nonauthoritarian figure, you will be exercising a higher level of human relations skills as you facilitate learner initiative, creativity, competence, and confidence.

Teaching in this nondirective and not-always-the-expert way requires being comfortable with yourself and the use-of-self as a teacher. That's why it is important not to lose your naturalness: you need it, and the adult student needs you to have it.

Chapter IV

BEGINNING THE SUPERVISORY PROCESS

Getting Acquainted

As we all know, first impressions set the stage. Not that they can't be modified - they can - but they are powerful. Most students will come to you on their first day as strangers who lack necessary skills. They may be eager and excited but they surely are vulnerable. Perhaps they had trouble sleeping the night before, had difficulty finding a parking place or coping with public transportation. How can you conduct yourself so that they will feel welcomed, relatively safe, and relaxed enough to undertake - with your assistance - the enormous amount of learning and change they are about to undergo.

Some practitioners talk about "developing a climate of trust and safety" with and for their patient or student. This is a handy phrase to have in mind as you enter into this first meeting. You want your student to feel safe enough at the site and trusting enough within the supervisory relationship to be able to explore and learn optimally. The seeds of this are planted now.

Things that will help most new students are:

* Feeling welcomed and wanted

* Seeing that you have time for them

* Feeling that they can have some amount of privacy with you, i.e., no phones ringing, few distractions and interruptions, etc.

* Recognizing that you understand and accept the fact that they feel strange, anxious and worried about having to learn so much in so little time

* Hearing something about your experiences as a student and a PA

* Having you demonstrate your interest in them by asking them about their anticipations, formation of their interest in this field, and job-relevant aspects of their personal life.

They need a warm inquiry that will convey to them your interest in "the whole person," and also your willingness to be open, accessible and understanding.

All of this can be accomplished in just a few minutes, it need not take hours.

The Orientation Package

Our experience has taught us that students like something tangible to hold on to, either before or upon arrival at the new rotation. The "Orientation Package" has evolved and has two major segments, logistics and teaching materials.

Logistics

* Map of the facility - which includes such items as restrooms for staff
* Telephone directory
* Parking information
* Schedule of seminars, conferences, etc. which they are welcome to or should attend
* Library location, hours, and privileges
* A welcoming letter from you or your department
* Luncheon arrangements
* List of people student will have contact with, including titles
* Where to leave valuables

Teaching Materials

* A selection of medical articles chosen to support the work the student will encounter on your site. The articles may be classics in the field, or promising new research that you think the student should become more familiar with.
* A set of forms that are used in your department, filled out correctly so that the student may follow the example.
* A check list of the tasks, procedures and responsibilities expected of PAs in your department.

Introductions and Tour

Introductions and a guided tour need to take place sometime during the first day or two.

You may wish to introduce your students to one or two other people whom you know to be open to student needs, as well as to several other people with whom they will be working during their rotation. Don't forget that they may not remember names and titles given the anxiety of the first morning, so the information will bear repeating a day or two later.

Your new charges need to be taken around the office, department, clinic, or relevant parts of the hospital. They should be shown the personal survival areas (restrooms, cafeteria, other eateries) and have explained the protocol or mechanics of the coffee machine. Parking and other transportation issues may need to be discussed. It would be nice if you would invite them to join you for lunch since they don't know anyone else here yet.

If there are things that are idiosyncratic about your work group and site (and there always are - remember back to when you were new if you can no longer identify them), these things need to be mentioned. We might call this the "personality" of your department; try to describe it as part of the orientation. Is it formal or informal? Is a person responsible for remembering to pay into the coffee fund or will the secretary handle it? Do colleagues generally get together informally once a week? Who eats with whom and where, and are students included? If students are excluded, do explain so they won't take it personally.

Contracting for Learning and Teaching

On the first day it is necessary to work out the learning contract. A contract is a list of things to be learned to which both you and the student agree. It evolves through your knowledge of the needs of the department and specialty (which you share with the student), your familiarity with other student learners, the new information you derive from talking to this particular student, and what the student hopes to and needs to gain from the rotation.

This is a very critical piece of business because it outlines the student's work and assignments for the ensuing weeks. It is also the baseline for final evaluation. Therefore it is important that the contract be clear and explicit and include whatever adaptations are made based on what you learn about this student's special strengths and weaknesses. If it is done well, it can serve as a road map against which both supervisor and student can measure each day's growth. Evaluations will then hold no or few suprises.

As an introduction to the contracting process, it is necessary to assess what the student brings. At this stage, you are not simply conveying your warm interest; you are seeking enough relevant information to assess your charge's learning needs. These are then translated into an individualized learning list and developed into a learning contract. Remember that it is desirable to build on strengths whenever possible; weaknesses should be regarded as areas for growth and change. What you are doing is assessing and diagnosing in order to design the learning contract; you are not evaluating or grading the student.

On the next pages are two sample formats for composing a learning contract. Use them as jumping-off points for developing one that fits the needs of your clinic, your style, and the development of the individual student.

SAMPLE LEARNING CONTRACT I

Learning Goals	Activities to be Performed	Resources Needed	Expected Outcomes	Methods of Evaluation

Signed_____ _____

Student Date Other Staff Date

_____ _____

Supervisor Site

SAMPLE LEARNING CONTRACT II

GOALS	METHODS OF EVALUATION
By (date) the student will have developed competencies in the following:	
1.	1.
2.	2.
3.	3.
By ____, the student will be able to demonstrate knowledge in the following:	
1.	1.
2.	2.
3.	3.
By ____, the student will be able to perform the following procedures:	
1.	1.
2.	2.
3.	3.
By ____, the student will have developed the following skills:	
1.	1.
2.	2.
3.	3.

Scheduling Meeting Times

So far, the contracting process has concerned itself with a commitment from the student to accomplish certain learning objectives. At the same time your commitment to the student should be made explicit. The student as learner needs to know how much you can be counted on, and in what ways. You must make your availability known, and set up some kind of meeting schedule.

Many supervisors have very busy patient-centered work schedules and tend to supervise on the run: walking down the corridor together, taking the same elevator, or saying "feel free to page me if you need anything." Informal meetings have the advantage of meeting at least one person's needs immediately: the supervisor has a free moment and drops in on the student; the student has a special problem and pages the supervisor.

But students also need regularly scheduled meetings, and frequently, since they have so much to learn in such a short period. One student pleaded that a scheduled five-to-ten minute debriefing with his supervisor every day would have made the experience both richer and less stressful. If a meeting is scheduled, students are reassured, knowing that they can count on seeing you and knowing that you value their learning enough to set aside formal time.

Scheduling get-togethers enables them to make a point of remembering and listing issues that come up in their work, knowing that within 24 or 48 hours they will have an opportunity to review the matter with you. Since the supervisory meeting is not left to chance, the student can maintain a state of readiness to learn, review, question, clarify, or explore within the supervisory conference as well as in the clinic.

Students need to be able to count on this undisturbed time with supervisors to discuss things that come up: one hour a week is fair, a half-hour twice a week is better, twenty minutes three times a week, in addition to daily debriefings, is perhaps best of all. Halfway through the rotation, students profit enormously from a scheduled mid-point review of their learning contract and an evaluation of where they stand in relation to the requirements of the rotation.

We are well aware of the time and energy constraints on most supervisors, who may receive no additional pay for supervision nor any reduction in work or patient load. We understand why they are reluctant to schedule what we consider to be the optimal number of scheduled, private, uninterrupted meetings. If you can't make such a schedule, explain that you can't. Acknowledging verbally your lack of availability does at least acknowledge the need, and that is important.

Occasionally, supervisors have sufficient energy and freedom to offer additional events to the student. If you are one of those, the contracting session is probably the time to make it known. One supervisor we know schedules a weekly, one-hour lecture (seminar/tutorial) which he prepares especially for the student on a topic the student wants or needs to know more about.

Another supervisor gives the student an opportunity to submit a list of three to five topics he would like to know more about. If he does that, she will prepare several seminars. If the student does not follow up on her invitation by meeting her part way, she does not exert herself further. Her invitation is clever: it invites students to express their medical need-to-know and encourages self-assertion. The latter is implicit though and we can't know in what ways this message would be more or less effective if she were explicit about this part of her motive. Of course, in this case, if they don't assert, she doesn't have the extra task.

While we cannot help you find more hours in the day, let us reassure you that scheduling more formal meetings with your student need not require additional work. Each one does <u>not</u> require a lesson plan or a lecture. Instead, let the student's needs and experiences be the outline for many of your encounters. Your role will then be to direct the discussion, challenge the student's thinking and problem-solving abilities, call attention to errors or oversights, and share with the student information and your own relevant experiences. We believe that by the time you are a supervisor you are prepared to work with students. Each meeting does not require preparation; your presence and your willingness to draw on the resources you already have within you are sufficient.

Chapter V

USE OF SKILLS IN ONGOING SUPERVISION

Demonstration and Observation

To learn the delicate and complex skills required of a physician assistant and other medical professionals requires a spectrum of activities. By the time a student is on rotation, observing a demonstration of a given procedure is one of the major methods. You or your colleagues will be providing demonstrations which your students will observe, and then be expected to try themselves. A demonstration, performed by an experienced practitioner, always looks easy (and at this point feels easy to the practitioner). However, it took years of experience and repetition to arrive at this degree of artistry or proficiency, and the student will be amazed at how he stumbles trying to do a "simple" task.

There are four levels of skill that the student must understand:

1. Unconsciously incompetent - the person does not know that he does not know.

2. Consciously incompetent - most of your students after a few days are at this level.

3. Consciously competent - students may, with difficulty, achieve this level in some tasks during a rotation.

4. Unconsciously competent - the level of most teachers and masters ... after years of experience.

Because your students will be observing demonstrations and then trying to replicate them, we would like to suggest some steps that might enable you to make this easier for them.

First, help them to prepare for the demonstration as much as possible by recommending some reading first, followed by time for discussion with you.

Then set aside some time to describe and discuss beforehand what it is they are about to observe. Tell them what to look for, and also see if you can isolate the sequential steps in the total event so that they can get a sense of the simpler increments that make up the whole. If it is the kind of thing that you could illustrate by a small role play, that too can be helpful. The point here is that the observation of an important demonstration is enhanced by preparation using as many learning modalities (reading, talking, role playing) as possible.

After the demonstration there needs be some debriefing and discussion, including perhaps a complete review of everything you had said in preparing the student. Repetition is not a waste of time. It is one way people learn.

After the original demonstration and review, if the procedure is to be attempted by the student, there is another sequence that should be followed for the relative peace of mind of everyone involved:

1. Be with the student in the room as he performs the procedure with your assistance, physical or verbal, whenever it is needed. Review and discuss afterwards.

2. Be present with the student but do not actively participate.

3. Be available (on call), or observe through a one-way glass.

4. Let the student be on his own and then review and discuss immediately afterwards.

5. Give the student as many opportunities as possible to repeat the fourth step.

Repetition, Review, Recapitulation

One of the things that annoys some teachers and frightens some students is the necessity to repeat what has already been said, to redo what has already been done. But it is often necessary. Repetition, review, and recapitulation are the stuff of learning, the way to move from unconsciously incompetent to unconsciously competent, the way to increase mastery and skill. With each repetition, something new does occur for the student. The material sinks in deeper, the student becomes more confident about a particular area. This settling and deepening clear the way to see something unnoticed before, for new and additional learning. Then the process will begin again.

Teaching through Feedback

Feedback is the formal term for putting your observations about or response to another person into words. On some level, most of us do it spontaneously, and at least superficially, every day, but without regard for a longer term goal than the present moment. "That's a nice outfit you're wearing." "You look tired." "Good for you." These are all common, almost automatic, bits of feedback or positive reinforcement.

In the context of teaching and supervision, feedback is one of the methods you will use to implement your task. It becomes a means of instruction and support; it is one way of informing your student about his/her present performance in order to improve future performance. Or, if the present performance is good, it is a way to reinforce and strengthen it.

Before the final formal evaluation, all feedback can be considered formative; during the final evaluation, the feedback is summative, a summary of the student's progress to date.

Students have a great need to know where they stand. Positive feedback is what they asked for in answer to the question "What qualities do you most want from a supervisor?" but in other sections of the questionnaire they also asked for constructive criticism, or negative feedback, positively given. This is different from other forms of support, encouragement or correction although there is some overlap. Some useful guidelines for feedback are:

1. Feedback should be given as soon as possible after the behavior (activity, event, presentation, performance, etc.) is noted.

2. Your comments should be detailed, specific and descriptive. It is not sufficient to say "good job" although that has a place. You should itemize for comment each element that was noteworthy in the completed task. If it is complimentary feedback, the student receives several individual compliments rather than one global one, and is able thus to review the entire procedure with this process.

3. Feedback should be delivered in portions small enough to be heard and digested. In other words, don't give too much at one time.

4. Since the recipient of feedback cannot make good use of too much at once, it is important, for optimum teaching and learning, to develop sufficient ease so that you can do it frequently - daily or more often.

5. Feedback needs to be acceptable in order to be useful. And acceptability is enhanced by the amount of trust and goodwill between supervisor and student. Your intent must be to help, and your general expression, mood, and tone of voice should be congruent with this intention.

6. Occasionally you may wish to relate feedback to the overall assessment and the amount of progress that has been made toward the learning objectives.

7. During and after the sharing of your comments you should allow time for response and reaction from the student, including a bit of discussion. You should expect and enjoy some feedback too!

The University of Utah School of Medicine has published a series of handbooks to improve medical teaching. In one, they say "Can you picture that the experience of most medical students and residents is that disclosing their needs is punished, while hiding their needs is rewarded? In other words, medical students often find that they are treated better when they appear competent even when they are not. The manner in which you give feedback will determine whether your learners choose to reveal or not reveal their needs to you."

We know that the degree to which students feel free to reveal their needs to you contributes to the amount that they learn, and the comfort and enjoyability of their rotation and supervisory experience. This is precisely the "climate of trust and safety" you have been building ever since your first meeting with the student.

Using Negative Feedback: Assertion and Confrontation

The kind of feedback that people generally have the most difficulty with is negative. When people think of negative feedback, they think of confrontation. Then they may feel threatened, prefer to put it off, avoid it altogether, or want models/guidelines for it.

One set of thinkers places confrontation and negative feedback within the broad category of "assertive behavior." Assertive behavior is the ability to express your needs, feelings or opinions without being threatening or punishing - or threatened and self-punitive. According to this view, assertive behavior encompasses a range of skills that includes, in addition to "being confrontive," saying no, making requests, expressing opinions, initiating conversations, self-disclosure, and expressing affection. In other words, "confrontation" is one of many interpersonal challenges and necessities we all face as we struggle to be more effective and graceful persons as well as supervisors or students. It is a synonym for personal competence in emotionally neutral as well as negative settings.

Being confrontive is the constructive expression of negative feelings such as anger or dissatisfaction. It can be accomplished without anger and without aggression and blame toward the other person. It must be objective and factual in order to reduce the possibility of producing a defensive reaction. And it should not assume, or presume, motives. Indeed, often what provokes our anger is not a behavior itself but the motives we attribute to it. While confrontation and assertion can and should be used by either supervisor or student, our emphasis here is on helping the supervisor help the student.

Confrontation has three aspects. They are:

Stating the behavior, i.e., "When you..."
Stating your feeling, i.e., "I feel..."
Stating the negative consequences, i.e., "Because..."

For example, "When you spend so much time down the hall in the reading room, I feel annoyed because of the more dynamic learning opportunities that you are missing. It also puts me in a position which I resent of having to monitor your day more carefully in order for you to learn what we both want you to - and I don't have time for that."

A more elaborate schemata which defines how you want the person to change is as follows:

1. Describe the student's behavior
2. Express your feelings about the situation OR indicate the problem it is causing without including your feelings
3. Specify what you want the student to do to improve the situation
4. Express the consequences - positive first, and if the request is not heeded, negative second.

As we talk to supervisors about their difficulty with this issue, several reactions emerge. First they wish that students would behave in such a way that confrontation would not be necessary. The fact that confrontation occasionally seems to be the only route troubles supervisors: they hate to be put in this position. There is indignation over the fact that a student's behavior is costing them time and trouble. But perhaps if the supervisor can look at it as an opportunity to expand his repertoire of interpersonal competencies it will be more acceptable.

Some supervisors are afraid of getting angry, believing that that is inappropriate, and so wish the incident were not looming there waiting to be addressed. Describing the behavior objectively and factually, as recommended, may help with this concern.

Some people have a fear of rejection which is triggered by the telling of a negative truth. If this is your problem, perhaps you can find a way to acknowledge it, and discuss it with a colleague in order to gain more distance from it. With detachment, it will have less power to hold you back from what needs be done. Another way to deal with this, if you feel safe enough, is to acknowledge it. "I always hate to bring up this kind of issue because it stirs up my old fears of rejection. However...."

Group Supervison

The emphasis in this handbook has been on individual supervision, as though each supervisor has only one student at a time, or meets with all students individually. There may be times when you are responsible for two or three students during the same rotation, and we encourage you to meet with them as a group, at least some of the time. Although it is true that most students thrive on the individual attention by the supervisor, group supervision has advantages that can be equally rewarding. The major obstacle to group supervision tends to be supervisor resistance.

Some people feel that being a group leader/supervisor requires more confidence since you may have less control when your influence is shared. Your focus must expand to include not only the material and a single student, but the group as a whole and interactions between group members. The problems no longer belong to a single person but, conceivably, to all members of the group. However, you are <u>not</u> alone. With a group, the burden is not all on your shoulders: one student can help another, one student may be aided by being in the presence of another whose problems he shares.

The main advantage to you of group supervision is that it saves time. You and the students benefit from the greater variety of topics, feelings, experiences, questions, and developmental issues that are brought up, and the fact that a group of people can be smarter than a single person. There will be a more multi-dimensional understanding; a variety of right answers; group knowledge. Your responsibility can be lightened by the lateral teaching, group support and mutual aid that can take place. Feedback and evaluation will also be shared; each student can have the advantage of several points of view.

Some students prefer group supervision because it is less intense than individual, and they find it easier to accept criticism from peers than from authority figures.

Group supervision is definitely something to try out once you feel ready and have two or more students to work with.

Chapter VI

SPECIAL PROBLEM AREAS FOR SUPERVISORS

Student Stress

Students on rotation endure profound amounts of stress on their path to becoming professional. The stressors are familiar: all students in the medical professions experience them, complain to someone if they have the energy, and by the time they graduate, are glad to put those trying times behind them and forget. Stress for students in medicine is particular, however, and should not be minimized or overlooked. It is unlikely that people in any other set of professions are exposed to and must learn how to contend with such profound human intimacy, while at the same time learning vast amounts of new material, during long and exhausting hours, with people whom they will barely get to know before they move along to another location.

The field of medicine brings its practitioners into constant contact with life's cruelist reminders - that of vulnerability, uncertainty, ignorance, pain, and death.

People enter the field to heal, to help, to relieve pain, to assist new life into the world, to cure. They may also aspire to master, to manage, to control life's miseries. But few students are prepared when they arrive for the impact of their initial encounters with the force of life's most powerful dramas and dilemmas.

New students in the medical professions may find themselves with mixtures of strong and conflicting feelings that include caring and compassion, guilt and revulsion, pity and annoyance, helplessness and avoidance. At the same time they may think they should be feeling only caring and concern for the patient.

These emotional challenges are joined by physical demands of long and strenuous hours, the intellectual demands of learning so much in little time, the difficulties of being a temporary rotating member of a permanent system. There are also identity changes, questions about status, and concerns about the acceptance of a new type of health professional.

Identity changes can be a positive form of crisis, the becoming of the medical professional. At the beginning of the year, the person is a student; by the end, he will be a medical professional, in some ways quite different, to be treated in a new manner by members of the medical community and society at large. Although this transition is the desired one, it is a major change, and change however positive often creates stress.

Being a student in a fast-moving operating unit, feeling clumsy and incompetent is not a pleasant experience. The student lacks the autonomy he formerly had, is dependent, and must conform to the regimentation of student life. The student knew it would be like this and elected it, but at the same time it is stressful.

Being a physician assistant, or a member of any one of the newer fields, has its own special concerns based on professional acceptance, forging a place for one's discipline as well as one's self.

We recommend that the supervisor be alert to feelings related to these issues and bring them into the supervisory conference. These are not "personal" problems; rather they are the individual's response to professional development issues shared by all in the field at one time. If the student is to thrive in the new profession, it is necessary to facilitate dealing with these concerns.

Stress and anxiety are relieved by externalization, by talking to a trusted and respected other. Therefore supervisors need to encourage the expression and ventilation especially of taboo feelings and feelings that seem to conflict with one another. The feelings must be accepted and normalized. You may respond with understanding, with empathy - and try to assess whether the sharing of some of your own early reactions would be helpful. Some people respond well simply to being understood; others feel relief at discovering that their distress is not unique.

If the student's discomfort is not eased by your talks, you can then consider forming a support group, or referring the student to a stress management workshop or counselor. In other words, we are not expecting you to be the counselor but to assess whether or not some discussion and clarification is sufficient help and if not, to make a referral.

The Unassertive Student

While adult learning theorists talk about the adult student's inherent need to be self-motivating, autonomous, and in charge of his own learning, one of the things that frustrates a supervisor is the occasional student who appears very passive, held back, unassertive and not self-motivated. Generally, the supervisor feels that the student has been told to be responsible and assertive; sometimes it happens when a supervisor has not spelled things out explicitly but assumes that a student would understand.

We believe that this kind of hang-back behavior distresses supervisors not only because of the kind of dependency it suggests but because the supervisor has little time or energy to handle it.

But, the supervisor must handle it, both for the student's benefit and for the relief of the supervisor. A week or two into the rotation if the student's lack of assertiveness is excessive, we recommend that you schedule a meeting with him/her to review the situation. (You may wish to reread the section on assertion and confrontation in Chapter V for this meeting.) Your side of the dialogue may need to review what has already been said: that you do want and expect the student to be self-motivated and assertive. By this time, you will be able to give examples of what you consider appropriate or inappropriate degrees of assertiveness. In your example of excessively nonassertive behavior, you may - or may not - wish to invite an explanation. If you allow "his side of the story" at this time, your next comments will have to respond to them, and in fact, the feelings you started out with may change at this point as you understand the student's side better. But remember, you also want the student to understand your concerns. Make sure you elaborate in much more detail than you did during the first week your criteria for desirably assertive behavior. And you can remind the student that most of the staff does welcome the opportunity to teach new students, to respond to their questions, to have them around as observers and learners.

Appearance and Grooming

One of our supervisors described a situation which involved a student who "dressed very provocatively, inappropriate to the setting completely." She wore tight pants, tight sweaters, and high platform heels. At the same time, she was a good student, whose work was trusted and respected. The supervisor brooded about the situation which began to escalate as physicians in the unit commented about it to her. At this point, the supervisor conferred with her director who told her she should discuss the matter with the student. The supervisor had recently attended a conference where a similar incident was described. She knew that it had been encountered before and could be confronted with the possibility of success. Buoyed by this recollection, the supervisor made an appointment to talk with the student.

"I started off by telling her that I had never had to do this before, that it made me very uncomfortable and I was not sure of the best way to handle it. I told her that I had never had to talk to a student about his/her dress or personal habits and that I did not like having to be critical of something so personal, of a person's individual style. That's how I broached it: I told her of my discomfort with the subject matter, and then told her what I considered were her good attributes, of which there were many. Then I explained to her that her dress was inappropriate and that I thought her present mode of dress, if she were to continue it, would be a hindrance to her throughout her career. I told her I had great respect for self-expression but that in this case she would get better reception from patients and colleagues if she made some changes.

"She was very embarrassed and blushed, and I'm sure I did too. But the next day when she came in, she looked great, she was wearing more professional clothes. She took the criticism well and acted on it. It really altered how people responded to her: they felt she was making a sincere effort. Later I heard from her program director that the student felt I must have really cared to discuss such a difficult issue with her. She was moved and grateful. So all in all it turned out to be a good experience and has made it much easier for me to say difficult things to students who succeeded her."

Dealing With Difficult Students

Occasionally one encounters a student who is very difficult to supervise. It seems that he/she never does what is expected and always has an excuse. The student doesn't show up when expected and says that he/she "didn't know he was supposed to." He arrives an hour late for an important appointment and states that that was the time you told him. He complains about your requirements, comparing them with someone else's with whom he had no difficulty. He comes down with a back problem or his friend dies. He is unable to attend a mid-term evaluation, or uses time from your rotation to complete an overdue paper. His anxiety and nervousness may have induced you to be more solicitous than usual, but somehow it hasn't helped.

People like this are often called manipulative, defensive or evasive, as well as unreliable and unproductive. However they are labeled, and whether or not the labels are correct, the fact is that they can be very difficult to supervise. This is unfortunate for the student, and sometimes painful for the supervisor.

For the most part, these students do not mean to be manipulative and they are probably unaware of how their behavior affects others. Their intention is to protect themselves and to reduce or avoid the distress and anxiety they are experiencing, whatever its cause. In some way, they feel powerless and have developed a set of behaviors which have the potential to make the other person feel powerless also. They are indeed difficult to work with because you can't connect. You may feel frustrated and annoyed as well as concerned.

In order to work with such students, you may have to step back and, with as much detachment as possible, analyze the problem. Do this with no thought about what you will do about it. Describe the student and his behavior in several situations. See if you can imagine what is behind this behavior and try to understand what this person is trying to avoid and why. Imagine yourself as this person and note the feelings. Once you have completed this phase, set it aside for a few hours.

Next, think through your requirements for this student and translate them into concrete behaviors and activities. If you are feeling ambitious, you might try writing: in one column, note the characteristics of the student as they appear to you; in another, what you think the student is feeling, and in still another column list the requirements and expectations of the rotation. As you look at this on the paper, perhaps new ideas will occur to you.

Next, review the section on negative feedback in Chapter V and make an appointment with the student to discuss the difficulties. You may start by describing his behavior and comparing it with the

requirements of the rotation. You can indicate the concern and frustration you feel about the apparent incompatibility of the two sets of needs. Your opening statement will probably evoke a response, the nature of which will shape your next comment and the rest of the meeting. The hope is that this confrontation will shake the student's habitual patterns sufficiently for more workable behaviors to evolve. If this does not happen, you will have to be very clear and firm about your position as you set limits and hold your ground.

Another type of difficult student is the one whose manner may cause you to "loose your cool." Your personalities may clash or the student works around you in ways that turn you off, make you angry and rattled, or stir up self-doubt and self-blame. Sooner or later you realize that there is a correlation between your headache, anger, bad mood and/or depression and encounters with this student. Before you attempt the steps suggested above, <u>you</u> need some care and attention.

Discuss the situation with a colleague or friend; consult with your own supervisor or someone more experienced who can give you support, objective opinion and advice. If you were to meet someone with a difficulty similar to yours, what advice would you give him/her? Can you follow your own advice?

If these avenues don't help, perhaps it is time for some self-analysis. Is this situation overloaded for you because of earlier experiences? If so, bring them into the foreground and list all of the ways in which the past <u>is different from</u> this situation with the student. Even if the behaviors of the student were identical to those of someone from your past, there is much that is totally different now. Making these distinctions clear to yourself should help considerably with regaining your "cool."

If you are a new supervisor who never had this type of experience before, perhaps this is your first encounter with a student who may not be up to the demands of a rotation or to certain kinds of "authority" relationships. Perhaps the student's manner of handling his own difficulties touches your own sensitive areas. It happens to almost everyone once in a while.

After you have regained your composure and feel able to face the student again as the separate, competent person that you are, refer to the suggestions earlier in this chapter for the next steps. If this doesn't work, there may still be ways to help yourself. Can you get someone to assist you, for example, or transfer the student to another supervisor? Can you lower or modify your expectation of yourself for this rotation? There are some situations where it is not possible to do an ideal job. You may just have to wait the situation out until it's over.

Chapter VII

EVALUATION AND GRADING

Introduction

The preceding chapters pertain to the work you do with your student during most of the rotation. That work and those weeks lead up to the final evaluation at the end of the rotation. You have probably struggled to be the best teacher/supervisor you could be with this particular student, and the issues you grappled with may have included: making your expectations more realistic, trying to fit the student's needs into a viable learning contract, wondering when you are going to get the time to put together that orientation package even as you see how useful it might have been, continuing to press yourself for more scheduled meetings with the student, consulting with a colleague over a confrontation you wished to avoid, and appreciating once again how much you like being a teacher.

We hope that you have learned a few more things from reading this handbook and look forward to your next student wondering which of your attributes are going to be tried - or expanded - next time. But now, it is time for evaluation. Somehow the mood changes: it no longer feels like "how can I be more helpful?" but instead "how can I grade, rank and evaluate this person whom I have been trying so hard to understand and support?"

Many people feel that it is difficult for one person to be both supervisor and evaluator. We believe, however, that these roles need not be incompatible if you and your student are mindful from the beginning of the skills, knowledge and attitudes that will be evaluated and graded at the end. That is why we placed so much emphasis on "beginning the supervisory process" and the subjects of feedback, debriefings and meetings. Ideally, or with practice, the last phase should feel like part of the total learning-teaching process. This is also your final meeting, and after the formal testing and evaluation, it is time for discussion, review, mutual feedback, well wishing, and goodbyes.

One word of warning: remember "individual differences," "the uniqueness of each person," "individual strengths and weaknesses." You are now about to evaluate this individual, someone who is not you, and may not be like you. If you are one of the few who hoped for a clone and did not find one, the student may still be good. Grade him/her fairly anyway. Students and supervisors can be equally and sufficiently competent, however varied their areas of excellence. Good luck!

How to Be Comfortable With the Evaluation Process

One of our supervisors, experienced enough to feel comfortable with the process of evaluation, shares his secret: "I make it (evaluation) a participatory process. I ask the student to rate himself or herself on the same form that I fill out, and we discuss the differences in mark that we come up with. This allows for a very frank discussion of assets and liabilities in the student's performance, and the students realize that a great deal of time and observation have gone into the evaluation itself."

Another key to feeling comfortable with the responsibility is accepting the legitimacy of the function. Evaluation is essential in order to identify learning difficulties and performance failures: they don't go away by being ignored.

Another way to make the evaluation meeting comfortable for yourself and your student is by making sure there are no big surprises. Evaluation is based on the learning contract which the two of you developed on the first day. And since that day you have had repeated meetings where difficulties were brought up, feedback given, and comparison with learning goals discussed. At the mid-point, we hope you had a mid-term evaluation which served as a dress rehearsal for the final one, and also as an opportunity to address issues that are included in evaluations which may not have surfaced in your regular meetings and debriefings.

It may comfort you to remember that students derive benefits from evaluations such as: relief in knowing clearly where they stand; perspective on the amount of change they have undergone; and explicit approval and positive comments, as well as advice and guidance. Evaluation also helps students to view their work more realistically and, in some cases, optimistically; and it can give them motivation, direction and integration, as well as increased awareness of the need for self-evaluation which can aid furthur self-development.

Objectivity and Subjectivity

Objective criteria are, presumably, detached from or external to the observer (supervisor/evaluator). They are specific, observable and measurable. If the learning contract and evaluation forms are sufficiently specific and concrete, it should not be difficult for you to be "objective" in rating the student's progress and achievement on each item or task. You will note that the learning contract has been tailored to the student's individual needs, while the evaluation forms (see Appendix 2 for a sample from Northeastern University) reflect the needs and requirements of the site or institution.

Subjectivity does sometimes enter into the evaluative process, and frequently supervisors are wary of it. They complain that students "with good human relations skills" tend to get good grades, implying that the student's ability to get along with people may mask lack of competence or blind the supervisor to the student's shortcomings. We urge you to be alert in this type of situation and spend some extra time with yourself or with a helpful colleague trying to make an accurate assessment. It is possible for a student to have good people skills and medical competence; in fact, that would be a goal for all. But if your feeling is that you are being hoodwinked, you need to expend extra effort getting clear on where the student stands on the various objective criteria. If you are right that he/she does not measure up, is your problem that you have difficulty stating that in the face of his/her personal charm? If so, you can incorporate this into your comments, i.e., "One of your strongest areas is how well you get along with people. However, it is also important to..." Or, "Because of how well you get along with everyone and since we all like you, it is difficult to face these other facts. Nevertheless, you must be told that ..."

Subjectivity is not necessarily inappropriate. There are qualities in human beings that we have difficulty measuring in objective fashion. Their existence nevertheless deserves acknowledgment. Subjective impressions are not illegitimate simply because they are subjective. Be wary, but not too humble, about your personal evaluations.

Preparing for the Final Evaluation

1. If the final evaluation will include an observation or an oral exam, the student should be informed of this in advance.

2. When you set the date, time, and meeting place for the evaluation, and tell the student of it, review together the areas that will be covered.

3. Give the student a copy of the evaluation form so that he can evaluate himself. You can compare and discuss the two versions during the final meeting.

4. Provide in advance a site-evaluation form, and perhaps also a supervisor-evaluation form so that you too can obtain helpful feedback. (See Appendix 1.)

5. Remind yourself and your student that it is his work and learning that are being evaluated, not his person.

6. Consider whether or not this particular evaluation should include additional staff members, and if so, inform your student of this with an explanation.

7. Begin your own mental review of the progression of the student's development before you meet with the student, referring to the learning contract and any notes you may have.

8. Talk with others who are familiar with the student's work as part of your preparation.

During your final meeting -

* Be as detailed and specific as possible, backing up your evaluative comments with illustrations.

* Involve the student in discussion and interaction as much as possible.

* Remember to build on the student's strengths, and suggest ways that his strengths can work constructively to improve weak areas.

Grading: Performance Assessment, Measuring Change and Growth

Evaluation is based on the degree of achievement of each of the learning goals, and the general amount and quality of change and growth. How well the student took advantage of learning opportunities, attitudes toward learning and developing, the quality and content of the supervisory meetings, motivation and development of professional attitude are "soft" criteria that will be included. They may result in an excellent evaluation.

The final grade however may or may not parallel the evaluation comments. It is theoretically possible to have an excellent evaluation but only a B or C grade if, for example, the student made extraordinary progress but started from a below par position. The final performance may only be minimally competent and passing, while the evaluation reflects the enormous change and progress that was made. The reverse could also be true. The letter grade, in other words, ties into professional standards, while the evaluation is individualized.

On the occasion when a student earns a poor or failing grade, some supervisors go into crisis. Their fear is either "I failed as a supervisor," or "I'll ruin this student's life if I reflect his actual performance in his grade." Although this is not likely to be true, we do take these supervisor concerns very seriously, especially when he or she is tempted to avoid personal conflict by awarding a grade higher than the one actually deserved.

If the guidelines in this handbook have been carefully followed, there will have been plenty of evidence in advance that things were not going well. This should have provided sufficient opportunity for the supervisor to have extra discussions with the student and/or obtain whatever additional consultation and support he or she needed for him/her self. Both of you should be prepared therefore to face the unpleasant facts head on rather than allowing fear to determine the outcome.

Chapter VIII

THE PERFECT SUPERVISOR...

* discusses and clarifies mutual expectations with the student/supervisee on the first day.
* reviews these expectations again on day two or three or four when the supervisee is a bit more at ease, less anxious and more familiar with the setting, staff and responsibilities.
* schedules five or ten minutes a day per student for debriefing and review.
* knows that it is all right not to know everything and to admit it to the supervisee.
* understands that individual supervision can convey to the student a feeling of security and special understanding.
* understands that group supervision (two or more) provides the opportunity for learning from and with each other, an equally valuable experience.
* has developed sufficient ease with observing students to be able to put them at ease with the process.
* feels both comfortable and humble with the authority of the supervisory role.
* has reviewed and evaluated his/her own teaching/learning experience, culling out what was valuable and should be retained; discarding models that were damaging or limiting.
* is skilled at feedback and knows that it is an ongoing, continuous process - starting with day one, or at least two or three.
* realizes that students are in new and unfamiliar surroundings and under a great deal of pressure to learn well and fast, and strives to reduce their anxiety with continuing small phrases of reassurance, support, and understanding.
* doesn't forget that this year's student may be next year's colleague.

Of course, nobody's perfect. It's not good for your mental health to expect to be. On the other hand, it doesn't hurt to be as good as you can be. We hope this handbook helps.

Chapter IX

CHECKLIST FOR SUPERVISORS
Do You Know...

1. How to be supportive and confrontational at the same time. See pp 23-26.

2. How to motivate students to be responsible for their own learning or to be more assertive and participatory in the process. See pp 10, 11, 25, 27, 30.

3. How to help students feel more comfortable and less anxious about being observed, evaluated, and graded. See pp 16, 21, 22, 23, 35, 37.

4. How to separate one's self from outmoded teaching methods and develop new modes more appropriate to current values and needs of one's students. See pp 4, 11-12.

5. How to teach and supervise when not yet feeling confident and sufficiently knowledgeable within one's self. See p 8.

6. How to come to terms with the amount that can be taught/learned/shared within so short a time. See pp 5, 19-20, 27.

7. How to help students with the enormous amount of stress inherent in the pace of four to six week rotations, i.e., how can a student be comfortable enough to learn in an environment that is so new and unfamiliar. See pp 6, 10, 13-15, 19, 28-29.

8. How to get through to "the problem student," one whose blind spots or defenses make him apparently inaccessible and unaware of his need for particular forms of feedback. See pp 25-26, 30-33.

9. How to be comfortable with supervising more than one student at a time. See p 27.

10. How to tolerate personally giving someone a failing grade. See p 38.

11. How to assist a student in procuring additional assistance (counseling or therapy for example) when the student's personal problems are interfering with his job performance. See p 29.

12. How to balance formal with informal teaching; direct and indirect supervision. See pp 19-20.

13. How to deal with the "burden" of supervision while at the same time carrying a full load of patient care responsibilities. See pp 5, 19, 20, 27.

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APPENDICES

Appendix 1. Supervisor Feedback, An Optional Guide

1. Qualities of this supervisor which I found most helpful were ____
_____
_____

2. The three most helpful or useful things my supervisor did for me were _____
_____
_____
_____

3. It was difficult for me when my supervisor _____
_____ but it worked out _____
_____

4. If I become a supervisor some day, I plan to use the following approaches which I learned here _____
_____
_____

5. I would have liked more _____
_____
_____

6. I would have liked less _____
_____
_____

7. Other _____
_____
_____

Appendix 2 NORTHEASTERN UNIVERSITY PHYSICIAN ASSISTANT PROGRAM

Student Evaluation Form

Clinical Site _____

Student's Name _____ Date _____

Chief Evaluator _____ Quarter: __Fall __Winter __Spring __Summer

Contributing Evaluators: _____

Rotation: __ OB/GYN __ Outpt. Medicine __ Inpt. Medicine __ Emergency Medicine __ Pediatrics
__ Surgery __ Psychiatry __ Primary Care __ Physical Diagnosis __ Elective _____

KNOWLEDGE OF BASIC MEDICINE	__ Direct Observation	__ Indirect Observation	__ Not Observed
☐ Knowledge is sketchy; has difficulty recalling basic knowledge.	☐ Occasionally unable to recall basic knowledge and relate it to cases.	☐ Is able to recall basic knowledge and relate it to cases.	☐ Recalls broad base of knowledge and is readily able to relate it to cases.

REMARKS: _____

HISTORY TAKING SKILLS	__ Direct Observation	__ Indirect Observation	__ Not Observed
☐ History is incomplete; fails to include pertinent information.	☐ History is generally complete & accurate, but occasionally important information has been omitted.	☐ History is complete & accurate; important/ relevant information included.	☐ History is consistently comprehensive, accurate, thorough & precise.

REMARKS: _____

PHYSICAL EXAMINATION SKILLS	__ Direct Observation	__ Indirect Observation	__ Not Observed
☐ P.E. inadequate for the following reasons: __critical portions of exam omitted __fails to follow any logical sequence __misses obvious findings	☐ P.E. is generally complete. Occasionally: __fails to follow a logical sequence __misses important findings	☐ Exam is thorough. Follows logical sequences. Technically reliable & appropriate to presenting complaint.	☐ Exam is thorough & precise. Follows logical sequences even in difficult cases. Always technically proficient.

REMARKS: _____

TECHNICAL/PROCEDURAL SKILLS	__ Direct Observation	__ Indirect Observation	__ Not Observed
☐ Consistently has difficulty using proper technique (fails to organize equipment, bypasses accepted steps, difficulty with timing/coordination) Or: __Has great difficulty learning/mastering new skills (ie_____)	☐ Frequently has difficulty using proper technique (fails to organize equipment, bypasses accepted steps, difficulty with timing/coordination) Or: __Has some difficulty learning/mastering new skills (ie_____)	☐ Usually uses proper technique (well organized, coordinated) __Learns/masters new skills easily.	☐ Consistently uses proper technique (extremely well organized & coordinated) __Learns/masters new skills exceptionally easily.

REMARKS: _____

INTEGRATIVE SKILLS/PROBLEM SOLVING	__ Direct Observation	__ Indirect Observation	__ Not Observed
☐ Fails to integrate data. Unable to identify problems & priorities leading to incomplete differential diagnosis.	☐ Has some difficulty integrating data, identifying & assessing problems & priorites.	☐ Evaluates available data effectively. Understands & identifies problems & priorities.	☐ Effectively analyzes data; synthesizes information to arrive at a concise assessment. Consistently establishes appropriate priorities.

REMARKS: _____

WRITTEN SKILLS	__ Direct Observation	__ Indirect Observation	__ Not Observed
☐ Poorly prepared write-ups. Includes irrelevant information: fails to provide relevant data.	☐ Write-ups need improvement. Sometimes excludes relevant data, includes extraneous information.	☐ Write-ups concise, orderly & complete. Relevant information included. Important problems & progress noted.	☐ Write-ups outstanding (well written, precise, thorough). Articulate, concise statements of problems & progress included.

REMARKS: _____

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MANAGEMENT SKILLS

__ Direct Observation		__ Indirect Observation	__ Not Observed
☐ Therapeutic program is incomplete or inaccurate. Fails to address patient needs. Fails to adequately interpret &/or utilize lab data.	☐ Therapeutic program usually complete & accurate, but frequently fails to recognize constraints of setting &/or address patient needs. Occasionally fails to adequately interpret &/or utilize lab data.	☐ Therapeutic program is complete & accurate; addresses issues of clinical problem. Interprets & utilizes lab data adequately.	☐ Therapeutic program is comprehensive; plans are precise: can suggest a variety of plans (ie can creatively problem solve & individualize treatment plans). Consistently interprets & utilizes lab data accurately.

REMARKS: _____

ORAL SKILLS

__ Direct Observation		__ Indirect Observation	__ Not Observed
☐ Case presentations are disorganized, poorly integrated & confusing.	☐ Case presentations are generally organized but sometimes verbose, incomplete or confusing.	☐ Case presentations are organized & complete. Able to explain & summarize data effectively.	☐ Polished communication skills. Able to explain & summarize data completely & concisely. Presentation of info. is orderly & succinct.

REMARKS: _____

INTERACTION WITH PATIENTS

__ Direct Observation		__ Indirect Observation	__ Not Observed
☐ Lacks communication skills. Cannot adequately explain information to patients. Fails to listen to patients.	☐ Attempts to explain information to patients, but occasionally has difficulty. Usually listens to patients.	☐ Communicates effectively. Offers appropriate explanations. Listens attentively to patients.	☐ Communicates effectively, shows empathy & is conscientious in offering explanations, relates well to even difficult patients.

REMARKS: _____

Circle any behaviors you think are or may become problems.

a. Incomplete or sloppy work: unfinished chart work, assignments not done.
b. Absenteeism: repeated absence from activities, lateness, not available for rounds, conferences.
c. Poor attitude: negativism, chronic complaining, lack of enjoyment in work.
d. Unresponsive to correction: when deficiencies pointed out, doesn't correct them, makes same errors repeatedly.
e. Impracticality: impractical plans and suggestions, dangerous orders, off on tangents.
f. Doesn't take initiative: needs constant directions.
g. Insecure: performance may be affected by lack of self-confidence.
h. Doesn't know own limitations: not cautious enough, proceeds on own without checking with appropriate person, overestimates abilities.
i. Doesn't always appreciate role of other health professionals.
j. Appearance not always appropriate for site.
k. Professional manner needs refinement.

OVERALL PERFORMANCE (circle one) A A- B+ B B- C+ C

C- D+ D D- Student has not fulfilled all the requirements of this rotation and needs additional clinical experience as explained below.

F Student has failed to meet the requirements of this rotation and should not be allowed to begin next rotation.

PRECEPTOR COMMENTS:

Signature: _____
(Preceptor)

STUDENT COMMENTS:

Signature: _____
(Student)

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